

## ISSUE SLIP STAPLE AREA (for additional cross references)

5C1 5-27

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEES DETERMINATION</b>        |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |          |
| <b>FORMALITY REVIEW</b>          | MMY      | 523    | 2/14/01  |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        | 03/01/01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 2/13/01 |
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| Claim    | Date |
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| Claim    | Date |
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